

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VAN		09-04-01
O.I.P.E. CLASSIFIER	SW	1143	9/10
FORMALITY REVIEW			10/17/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through numeral) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

10-5-01